

The Effects of Primary Care Versus Traditional Training on Career Choice in Pediatrics

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In response to concerns questioning the relevance for future pediatric generalists of traditional hospital-based, subspecialty-oriented pediatric residency training, new residency programs emphasizing increased ambulatory, continuity care training experiences have been developed.

We compared the career activities of physicians who had received their pediatric residency training in the traditional, predominantly inpatient program and in the predominantly ambulatory primary care program at the University of California, San Francisco. Three groups were surveyed: (1) pre-1975, those who received training in the traditional program before 1975, (2) post-1975, those who were trained in the traditional program after 1975 and (3) primary care, those who received their training in the primary care program beginning in 1975.

The results indicate that more than twice as many former primary care residents as traditional residents are practicing primary care. Since the development of two pediatric training tracks, satisfaction with program relevance has increased among those who practice primary care. The results indicate that there is a greater commitment to primary care practice among residents trained in the primary care program.

CONCERN FOR THE TREND toward increasing specialization had led during the past decade to a number of developments designed to increase the number of well-trained primary care physicians.

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In 1976 the Health Professions Educational Assistance Act (PL 94-484) was passed to increase the number of residency positions available in "primary care" fields: medicine, pediatrics and family practice.¹ In addition, private and federal support became available for the development of new residency training programs specifically oriented to primary care. It was recognized that

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TABLE 1.—Current and Planned Primary Care Career Activities by Program Group

	Current Career			Future Career		
	Traditional		Primary Care	Traditional		Primary Care
	Pre-1975	Post-1975		Pre-1975	Post-1975	
	N (%)	N (%)		N (%)	N (%)	
Primary care only	22 (26)	6 (21)	8 (62)	22 (27)	6 (21)	6 (55)
Primary care and other . . .	16 (19)	5 (18)	1 (8)	14 (17)	1 (4)	4 (36)
No primary care	45 (55)	17 (61)	4 (30)	47 (56)	21 (75)	1 (9)
TOTALS	83 (100)	28 (100)	13 (100)	83 (100)	28 (100)	11*(100)

*Two respondents failed to answer.

traditional hospital-based residency training programs in pediatrics and medicine do not necessarily encourage or sustain a career commitment to primary care. Indeed, a significant proportion of the residents in traditional medicine programs who enter with intent to practice general medicine shift to subspecialty careers.² In medicine, this pattern of career goal shift has resulted in relatively few university-trained internists practicing general medicine.^{3,4} A recent study comparing the career choice patterns of residents in a traditional internal medicine program with those in a new primary care-oriented program suggests that innovations in residency training directed at primary care may succeed in maintaining resident interest in primary care.⁵

Although most nonacademic pediatricians are practicing general pediatrics,⁶ concern has been expressed that traditional residency training in pediatrics does not meet the needs of generalists, and greater training emphasis should be placed on ambulatory, continuity experiences.⁷ A recent study of career satisfaction and change among practicing pediatricians showed that 21 percent had already made modifications toward increasing subspecialization and many more, especially the younger physicians, were contemplating changes toward subspecialization.⁸

The present study was designed to compare the career activities of physicians who had received their residency training in the traditional and primary care *tracks* of the pediatrics residency program at the University of California, San Francisco (UCSF). The study focused on the primary care versus subspecialization practice orientations of graduates of both tracks beginning in 1975. Those who had been trained in the traditional UCSF pediatrics program between 1970 and 1974, before the primary care track was initiated,

were also surveyed. The study was part of a larger project to evaluate the primary care residency training program.

Program Description

In 1975 the Division of Ambulatory and Community Medicine, in collaboration with the Departments of Internal Medicine and Pediatrics, began residency training programs in primary care pediatrics and in primary care internal medicine.

In addition to traditional training in hospital inpatient services, the primary care program emphasizes training in ambulatory care, with a multispecialty primary care clinic (MSPCC) as the clinical base. The MSPCC emphasizes continuity of care with residents assuming primary responsibility for a panel of patients throughout the three years of training. A family orientation and team approach to care are stressed. Other features that distinguish the primary care pediatrics program from a traditional residency include significantly more time spent in the ambulatory setting, outpatient subspecialty clinic rotations, more general inpatient experiences and an emphasis on behavioral science training throughout the three years.

Method

To compare the current career activities and future career plans of former residents in the pediatric traditional and primary care tracks, a brief questionnaire was mailed to 156 former residents who had received their training at UCSF beginning in 1970; 125 (79 percent) responses were received.

The respondents were separated into three groups: (1) *pre-1975*, those who entered their residency training at UCSF before 1975, (2) *post-1975*, those who entered the traditional pediatric

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TABLE 2.—Mean Ratings of Relevance of Training By Current Career Activity*

Current Practice	Traditional		Primary Care	Analysis of Variants	
	Pre-1975	Post-1975		F	P
Primary care only	3.6	4.5	4.5	4.46	0.02
Primary care and other	4.0	3.8	4.0	0.09	0.91
No primary care	4.1	3.9	3.5	4.86	0.004

*Scale: 5.0 = very relevant; 1.0 = very irrelevant.

residency program in 1975 or thereafter, and (3) *primary care*, those who received their training in the primary care program beginning in 1975.

Results

Table 1 shows a comparison of the current career activities and future plans of former residents in the three program groups. Whereas 62 percent of those in the primary care program are engaged exclusively in a primary care practice, only 26 percent and 21 percent of those in the pre-1975 and post-1975 traditional program groups are exclusively in primary care. Twice as many former residents from the traditional program as from the primary care program are engaged in career activities that entirely exclude primary care.

We recognized that current career activities (especially for recent graduates) might be temporary. A question regarding future career plans enabled us to assess expected long-range career orientations. The findings with regard to exclusive primary care practice are quite similar to the findings for current career activity, with twice as many primary care residents as traditional residents indicating intent to practice primary care exclusively. Of the primary care residents, 91 percent expected to practice primary care in the future, whereas only 44 percent and 25 percent, respectively, of the pre-1975 and post-1975 traditional program residents mentioned primary care as a planned component of their future practices. This suggests a considerably stronger long-term commitment to primary care practice among those who received their training in the primary care track.

Although the current and future career orientations of those who received special training in primary care are clearly more strongly oriented to general pediatric practice, a significant propor-

tion of those who received traditional training are engaged in the practice of primary care (about 40 percent). In fact, more than 20 percent of the traditionally trained residents are engaged exclusively in primary care practice. How do these traditionally trained primary care pediatricians view the adequacy of their training for their current career practices? Are general pediatricians who received special primary care training more satisfied with their training? Table 2 presents the mean evaluation ratings on a 5-point Likert-type scale for each of our three program groups and compares the ratings of those engaged in primary care with those not practicing primary care. An analysis of variance (ANOVA) was conducted comparing the mean ratings of program groups, while controlling for practice orientation. The results suggest that among the pediatricians who practice primary care exclusively, those who trained in the traditional program before 1975 were the least satisfied with the relevance of their training. For those receiving training after 1975, there is very little difference in the ratings of those in the traditional and primary care pathways.

Discussion

The results of this study show that there is a stronger current and long-term commitment to primary care practice among those who participated in the primary care program than among those who received traditional hospital-based pediatric training. Although the traditional program continues to be hospital-based and most of its graduates continue to eschew primary care practice, a number of program modifications have been attempted since 1975, partly in response to the needs of those traditional program residents who will practice at least some primary care. These modifications, including a continuity clinic experience and increased elective time, may have contributed to the increased satisfaction expressed by primary care practitioners who were trained after 1975 in the traditional program.

The availability of a choice between primary care and traditional training since 1975 has provided residents an opportunity to select the track most compatible with their training and career goals. A previous study of the training goals of residents in the two tracks indicated that those in the traditional program had a stronger orientation to hospital-based training.¹⁰ The results of the present study further confirm the implications of

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these differences in goal orientation for actual career practice and provide evidence that a university-based primary care training program can contribute to providing increased numbers of well-trained pediatricians committed to primary care pediatrics practice.

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